

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1		1		
3		1		1		
4		1		1		
5		1		1		
6	1		1			
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TOTAL IND.	3		1			
TOTAL DEP.	8	→	7	→	6	→
TOTAL CLAIMS	10	8	7	6	5	4

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TOTAL IND.		↓		↓
TOTAL DEP.		↓		↓
TOTAL CLAIMS		8	7	6